



**TOWN OF LEBANON  
PLANNING & ZONING COMMISSION  
APPLICATION FOR PUBLIC HEARING  
FOR SPECIAL PERMIT**

FOR OFFICE USE ONLY

Application # <b>PZ-</b> _____ - _____	Application Fee: _____
Date Submitted: _____	State of Connecticut Fee: _____
Public Hearing Date/Time: _____	Date Paid: _____ Total: _____
Action/Date: _____	Cash: _____ Check: # _____

**This application must be completed in full or it will not be accepted.**

**1. Name(s) of applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**CHECK ONE:** Owner: \_\_\_\_\_ Agent for Owner: \_\_\_\_\_

**2. Name(s) of property owner, if different from applicant:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**3. To whom should all official notices be mailed?**

**Name:** \_\_\_\_\_

**Mailing address, if different from above:** \_\_\_\_\_

\_\_\_\_\_

**4. If the applicant is not the owner of the property and the owner will not appear at the public hearing, the applicant must submit a letter from the owner authorizing the applicant to act for the owner at the public hearing. Attach this letter to the application. Check one:**

**Authorization letter attached:** \_\_\_\_\_ **Authorization letter not required:** \_\_\_\_\_

**5. The undersigned hereby petitions the Lebanon Planning & Zoning Commission for a Special Permit or Special Exception pursuant to Sec. \_\_\_\_\_ of the Lebanon Zoning Regulations, for the following purposes (a separate sheet may be attached if more space is needed):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. A site plan showing accurate lot dimensions, locations of well, septic tank and leach field, location, size and use of all buildings now on the lot and location, size and use of proposed building(s) must accompany this application.

7. Exact location of property:

Street address (include street number): \_\_\_\_\_

On the \_\_\_\_\_ side of the above street.

(North) (South) (East) (West)

Reference in Land Records: Volume \_\_\_\_\_ Page \_\_\_\_\_ Zoning District \_\_\_\_\_

Map # \_\_\_\_\_ Lot# \_\_\_\_\_

8. I understand that I must notify neighbors and adjacent property owners by mailing notices via certified mail, return receipt required, to owners of land adjacent to the site and across the street and that failure to do so will result in a denial without prejudice. A new application fee will be required for a re-application. I am aware of the regulations of the Planning & Zoning Commission and agree to abide by them.

I give permission to the Planning & Zoning Commission and to their authorized agents to enter onto this property for the purpose of monitoring compliance with the regulations and/or conditions that may be part of this permit application.

9. I have enclosed one check for the required fees listed below.

\_\_\_\_\_ Public Hearing fee: \$175.00

\_\_\_\_\_ State of Connecticut fee: \$60.00

\_\_\_\_\_ Home Occupation fee: \$50.00

10. I hereby swear that all statements contained in this application are true to the best of my knowledge & belief.

Signature(s) of owner: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_